FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **512883** **(0)**

1. Corporation Name
ROBERT WALLICK ASSOCIATES, INC.

Principal Place of Business	Mailing Address
971 E PLANT ST WINTER GARDEN FL 34787-3232	971 E PLANT ST WINTER GARDEN FL 34787-3232

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/23/1976**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1694413** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLICK, ROBERT H
971 E PLANT ST
WINTER GARDEN FL 32787

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, KELLY A.	1.2 NAME	
STREET ADDRESS	314 E GENEVA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WALLICK, ROBERT H	2.2 NAME	
STREET ADDRESS	312 E GENEVA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	WALLICK, JEANETTE F	3.2 NAME	
STREET ADDRESS	312 E GENEVA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	WALLICK, ROBERT MARK	4.2 NAME	
STREET ADDRESS	308 E GENEVA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	WALLICK, ROBERT KURT	5.2 NAME	
STREET ADDRESS	312 E GENEVA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	WALLICK, KERRY L.	6.2 NAME	
STREET ADDRESS	316 E. GENEVA ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanette Wallick 4-26-95 407-656-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEANETTE WALLICK

0376037 CP